

Volunteer Registration

Expanded Food and Nutrition Education Program

Please complete
unshaded areas only.

Volunteer ID: _____ On Computer: _____

1. Name: _____
(First) (MI) (Last)
2. Street: _____
City: _____ ZIP: _____
3. Telephone: () _____
4. Volunteer Age: (✓) Check one A_____ Adult (age 18 or more)
Y_____ Youth (age 17 or less)
5. Sex: (✓) Check one Female_____ Male_____
6. Race: (✓) Check one
____ 1-00 White (non-Hispanic) ____ 3-00 American Indian/Alaskan Native
____ 2-00 Black (non-Hispanic) ____ 4-00 Hispanic
____ 2-04 Haitian (Black) ____ 5-00 Asian or Pacific Islander
7. Have you been or are you now an EFNEP participant? (✓) Check one Yes_____ No_____

8. To assist Extension Agent _____
or Paraprofessional _____

- 9. Volunteer Role: (✓) Check all that apply (definitions on back)**

- ☐ Instructional Role
- ☐ Advisory Committee Role
- ☐ Educational Support Role
- ☐ Support Service Role
- ☐ Middle Manager

- 10.* _____ Annual Hours Spent with Adults
- 11.* _____ Annual Hours Spent with Youth

***Insert 1 hour at enrollment to indicate Volunteer works with Adult EFNEP, Youth EFNEP, or both.**

Fill out for each client at ENTRY and again at EXIT. Keep in client file after it's reviewed by Agent and sent to Secretary for computer entry.

PA's Name: _____ Family ID: _____ ENTRY _____ EXIT _____

16. ENTRY Date:_____

Complete Exit information only when leaving EFNEP Program

<p>19. NOT WRITE IN GRAY AREAS (circle)</p> <p>1. Educational Objective Met</p> <p>2. Returned to School</p> <p>3. Took Job</p> <p>4. Family Concerns</p> <p>5. Staff Vacancy</p> <p>6. Moved</p> <p>7. Lost Interest</p> <p>8. Other _____ (Specify)</p> <p>9. Other obligations</p> <p>A. Lost contact with Client</p> <p>20. EXIT Date: _____</p>	<p>21. Did your family receive assistance as the result of a referral or suggestion from personnel? Y N</p> <p style="text-align: center;">If yes, check (✓) all that apply:</p> <table style="width: 100%;"> <tr> <td>1. _____ WIC/CSFP</td> <td>5. _____ Head Start</td> </tr> <tr> <td>2. _____ Food Stamps</td> <td>6. _____ Child Nutrition</td> </tr> <tr> <td>3. _____ FDPIR (Food Distribution Program on Indian Reservation)</td> <td>7. _____ TANF (WAGES)</td> </tr> <tr> <td>4. _____ TEFAP Commodities</td> <td>8. _____ Other: _____ (Specify)</td> </tr> </table>	1. _____ WIC/CSFP	5. _____ Head Start	2. _____ Food Stamps	6. _____ Child Nutrition	3. _____ FDPIR (Food Distribution Program on Indian Reservation)	7. _____ TANF (WAGES)	4. _____ TEFAP Commodities	8. _____ Other: _____ (Specify)
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24-HOUR FOOD RECALL

1. ID #:	2. Date Taken: ____/____/____	3. PA Name:
4. Participant's Name:		Are You?: Check (✓) Yes or No 5. Pregnant ____ Y ____ N. Breast-Feeding ____ Y ____ N
8. Money Spent on Food Last Month: \$ _____		7. Do You Take Nutritional Supplements? (✓) ____ Y ____ N If "Yes" List Type:
9. Which Food Record: (✓) ____ ENTRY ____ EXIT Other: Number ____		
MEAL TYPE Morning = 1 Mid-Morning = 2 Noon = 3	MEAL TYPE Afternoon = 4 Evening = 5 Late Evening = 6	SERVING ABBREVIATIONS TBSP = tablespoon c = cup tsp = teaspoon lb = pound oz = ounce sl = slice

10. What did participant eat and drink in the last 24 hours? (To be filled out by Paraprofessional or Participant)			11. To Be Coded By Paraprofessional Staff.	
Meal Type	FOOD ITEMS AND DESCRIPTION (Lists all foods and beverages. List separately main ingredients in mixed dishes.)	AMOUNT EATEN	Food ID Number	Amount Code
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12. Number of Lessons Taught Since Last Record: Individual _____ Group _____ Other _____	13. Number of Servings By Food Group: Bread/Cereal _____ Fruit _____ Vegetables _____ Meat _____ Milk _____ Other _____
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EFNEP CHECKLIST

PA:	PA I.D.#:	Date:	
Name:		<input type="checkbox"/> Entry <input type="checkbox"/> Exit <input type="checkbox"/> Check if interview	Client's I.D.#:

This is a survey about ways you plan and fix foods for your family. As you read each question, think about the recent past. This is not a test. There are not any wrong answers. If you do not have children, just answer the questions for yourself.

	1	2	3	4	5
<i>For these questions, think about how you usually do things Please put a check in the box that best answers each question.</i>	Do Not Do	Seldom	Some- times	Most of the time	Almost Always
(1) How often do you plan meals ahead of time?					
(2) How often do you compare prices before you buy food?					
(3) How often do you run out of food before the end of the month?					
(4) How often do you shop with a grocery list?					
(5) This question is about meat and dairy foods. How often do you let these foods sit out for more than two hours?					
(6) How often do you thaw frozen foods at room temperature?					
(7) When deciding what to feed your family, how often do you think about healthy food choices?					

(8) How often have you prepared foods without adding salt?					
(9) How often do you use the "Nutrition Facts" on the food label to make food choices?					
(10) How often do your children eat something in the morning within 2 hours of waking up?					

Perinatal Record

Unit: _____ PP's ID: _____ PP's Name: _____

Participant's ID: _____ Participant's Name: _____

Check box(es) to show client's expected participation: ☐ Prenatal
☐ Breastfeeding

Prenatal, Delivery and Birth information must be completed to include in Prenatal report

Delivery, Birth and Breastfeeding information must be completed to include in Breastfeeding report

PRENATAL INFORMATION

<p>1. How many months pregnant were you when you first received medical care? _____ months</p> <p>2. What was the total number of medical visits you received during your pregnancy? _____ visits</p> <p>3. When did you receive your first Cooperative Extension Service (CES) lesson? ____/____/____ (date)</p> <p>4. How many months pregnant were you, when you received your first CES Lesson? _____ months</p> <p>5. When did you receive your last CES lesson? ____/____/____ (date)</p> <p>6. From which curriculum did your CES lessons come? (Circle one)</p> <ul style="list-style-type: none"> a. Have A Healthy Baby b. Great Beginnings c. Eating Right During Pregnancy d. EXCEL e. TAMS f. Smart Choices: A Nutrition Education Program for Women, Infants & Children g. Taking Care of Two, Nutrition for Moms and Baby h. Eating for Two i. Eating Right Is Basic j. My Child, My Choices <p>7. Where did your CES lesson take place? (Circle one)</p> <ul style="list-style-type: none"> a. Home b. Agency site c. Community Center d. School e. CES location f. Other <p>8. How many lessons did you receive from the WIC Nutritionist, and what was the average length of lessons? _____ Lessons _____ minutes</p> <p>9. How many lessons did you receive through CES, and what was the average length of lessons? _____ Lessons _____ minutes</p>	<p>10. During your pregnancy, did your health care provider indicate that your weight gain was: (circle one)</p> <ul style="list-style-type: none"> A. Not enough B. Too much C. Weight about right D. Not discussed E. Mixed messages F. Don't know <p>11. How many births are expected from this pregnancy? _____ Birth(s)</p> <p>12. What is your expected date of delivery? ____/____/____ (date)</p> <p>13. On a scale from 1 to 5, with 1 being little knowledge of the subject matter, and 5 being sound knowledge, what is your knowledge on the negative effect of the following during pregnancy? (Circle one)</p> <table border="0"> <tr> <td>Smoking</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Alcohol</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Street drugs</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> <p>14. On a scale from 1 to 5, with 1 being no use, and 5 being use often, how often have you used the following during your pregnancy? (Circle one)</p> <table border="0"> <tr> <td>Smoking</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Alcohol</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Street drugs</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> <p>15. What are your plans for breastfeeding? (Circle one)</p> <ul style="list-style-type: none"> A. Plan to B. Do not plan to C. Not sure <p>16. Exit Code: (Circle one)</p> <ul style="list-style-type: none"> 0. Not yet exited 1. Graduated before delivery 2. Terminated before delivery 3. Active in program at time of delivery 	Smoking	1	2	3	4	5	Alcohol	1	2	3	4	5	Street drugs	1	2	3	4	5	Smoking	1	2	3	4	5	Alcohol	1	2	3	4	5	Street drugs	1	2	3	4	5
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POSTNATAL

DELIVERY INFORMATION

1. Where was the place of birth? (circle one) H- Hospital, clinic or birth center O- Other X- Do not know R- Home	2. How many days were you in the medical facility after giving birth? _____ Days	3. What were the number of births for this pregnancy? _____ Birth(s)
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BIRTH INFORMATION

1. Please provide the baby's name _____ (First) (Last)	4. What is the sex of the baby? M- male F- female
2. Please provide baby's date of birth: ____/____/____ (Date)	5. What was the weight of the baby at birth? _____ lbs. _____ oz.
3. What was the outcome of this birth? (circle one) M- Miscarriage S- Stillborn P- Premature F- Full term	6. How many days was the baby in the medical facility after being born? _____ Days 7. Did the baby survive the first month after birth? Y- Yes N- No D- Don't know

BREASTFEEDING INFORMATION

1. Was breastfeeding initiated after baby was born? (Circle one)	Y- Yes N- No
2. How many months do you plan to breastfeed?	_____ months
3. Do you have prior breastfeeding experience? (Circle one)	Y- Yes N- No
4. Who will be your source of breastfeeding support? (Choose up to 3) A. Family and/or friends B. Doctor, Nurse or other health professional C. EFNEP or Extension staff D. WIC staff E. Other _____ X. No support	
5. When was breastfeeding discontinued?	____/____/____ Date
6. What was your reason for discontinuing breastfeeding? (Circle one) A. Infant self-weaned B. Sore nipples/physical discomfort C. Breast infection or other illness D. Inadequate milk supply E. "Bad" milk F. Returning to school and/or work G. Too demanding H. Embarrassment I. Infant was sick or hospitalized J. Mother didn't like doing it K. Mother breastfed as long as she intended L. Inability of mother and child to successfully connect X. Other	
7. When did you start your baby on formula?	____/____/____ Date
8. When was formula discontinued?	____/____/____ Date
9. When were the following foods introduced? Cereal: ____/____/____ Fruit: ____/____/____ Meat: ____/____/____ Vegetables: ____/____/____ Juice: ____/____/____ Mixed foods: ____/____/____ Dairy (non-formula): ____/____/____ Sweets and Other: ____/____/____	
10. When was your last CES contact?	____/____/____ Date
11. End record date:	____/____/____ Date

4-H EFNEP Group Enrollment Form

On Computer: _____

Cooperative Extension

Please print in the **UNSHADED** areas only. Skip #15 - #19 if you plan to enter youth individually.

1. Group ID: _____ 2. Unit/Group Name: _____

3. Unit Delivery Mode (circle one):

A - Organized club

B - Special interest, short-term program
& day camp

C - Overnight camp (resident,
primitive, or travel)

D - School enrichment program

E - Individual, mentoring or family learning

F - School-age child care

G - Instructional television or video

4. Street Address: _____

5. City: _____ 6. State: ____ 7. Zip Code: _____ - _____

8. Area Code & Telephone: (____) _____ - _____ 9. Program Start Date: ____/____/____ 10. Program End Date: ____/____/____

Staff ID's: _____

11. Leaders (First and Last Names):

a. _____ (Volunteer) c. _____

b. _____ (PA or Agent) d. _____

Initiative

12. Number of Meetings: _____

13. Number of Contact Hours: _____

14. Impact Indicators

(Check the ones that
apply and give percent
who demonstrated
positive change)

Applies Percent

Eat Variety: _____

Knowledge: _____

Select Food: _____

Practices: _____

Skip #15 through #19 if you plan to enter youth individually.

15. Number of Youth in other 4-H programs: _____

Note: ALL Totals (Race, Age, And Place of Residence) must be the same.

16. Grand Total: _____ (Total in items #17 to 20 must agree with group total in #16)

17. Number of youth by age:

	____ 5	____ 9	____ 13	____ 16
	____ 6	____ 10	____ 14	____ 17
AGE	____ 7	____ 11	____ 15	____ 18
	____ 8	____ 12		

Age Grand Total:

18. Females and males by racial/ethnic background:

	1-00 White	2-00 Black	2-04 Haitian	3-00 American Indian/ Alaskan	4-00 Hispanic	5-00 Asian/Pacific Islander	Total
Females	____	____	____	____	____	____	____
Males	____	____	____	____	____	____	____
Total	____	____	____	____	____	____	____

Race Grand Total

19. Number of youth by place of residence:

____ 1. Farm	____ 4. Suburbs of cities with population over 50,000
____ 2. Towns with population under 10,000 and rural non-farm	____ 5. Central cities with population over 50,000
____ 3. Towns and cities with population 10,000 - 49,999 and their suburbs	

Place of Residence Grand Total

20. Name and phone number of person completing this form:

Name: _____

Phone#: _____

**4-H EFNEP Individual Member
Enrollment Form**

Cooperative Extension
Print in the UNSHADED areas only.



1. Group ID: _____ Unit/Group Name: _____ Individual ID Number: _____

On Computer: _____

2. Name: _____
(First) (Last)

3. Street and/or Route & Box Number: _____

4. City: _____ 5. State: _____ 6. Zip Code: _____ - _____

7. (Area Code) Telephone Number: (____) _____ - _____

8. Sex: — male F- female (circle one)

9. Race/Ethnic Background (Check (✓)One):

- | | |
|--|---|
| <input type="checkbox"/> 1-00 White (non-Hispanic) | <input type="checkbox"/> 3-00 American Indian/Alaskan |
| <input type="checkbox"/> 2-00 Black (non-Hispanic) | <input type="checkbox"/> 4-00 Hispanic (of any race) |
| <input type="checkbox"/> 2-04 Haitian (Black) | <input type="checkbox"/> 5-00 Asian/Pacific Islander |

10. Residence: (Check (✓) one)

1. ☐ Farm
2. ☐ Towns with a population under 10,000 and rural non-farm
3. ☐ Towns and cities with a population of 10,000 to 49,999 and their suburbs
4. ☐ Suburbs of cities with a population over 50,000
5. ☐ Central cities with populations over 50,000

11. Date of Birth: ____/____/____
Month / Day / Year

12. Today's Entry Date: ____/____/____
Month/ Day/ Year

13. Exit Date: ____/____/____
Month/ Day/ Year

14. Are you currently enrolled in any other 4-H program(s)? Y- Yes - No (circle one)

15. Print Parent's/Guardian's Name: _____

16. Signature of Parent/Guardian: _____
(If required by county)